Annexure – I

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Mr./Mrs./Miss/Dr. _____ (designation) _____ is working in the temporary/permanent capacity with effect from _____. The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Advertisement No. _____ dated_____. **This organization has no objection in his/her applying to the post of _____ as mentioned in the above stated Advertisement.**

2. It is certified that his/her Pay Level is _____. He/She is drawing a Basic Pay of Rs. _____. He/her next increment is due on _____ (if applicable).

3. It is certified that in the event of selection of Mr./Mrs./Miss/Dr. _____ to the post of _____ at ICMR-NIRTH, Nagpur Road, Garha P.O., Jabalpur – 482 003, he/she shall be relieved immediately after receipt of Appointment letter by ICMR-NIRTH.

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

Annexure-II

NOC FOR CANDIDATES WORKING IN THE ICMR PROJECTS

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is presently working at _____ as per the details given below:

Sl. No.	Period From	Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Nature of duties performing

2. There is no objection to his/her appearing for the post of _____.

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____

Note:- Please attach copies of the appointment letters and joining order.

Annexure-III

EXPERIENCE CERTIFICATE

(To be produced on the Letter Head of the Institute/Centre/Organization)

(Should be issued by the competent authority of the Government recognized/approved/registered Laboratory/Institution etc. and must be clear with Name, Designation, Salary/pay scale drawn, period of work experience (From-to), nature of duties performed)

It is certified that Shri/Smt/Kum. _____ is working/has worked at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Emoluments Drawn (Rs.)	Nature of duties performed
	From	To			

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____

Annexure IV

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I ..... , is applying for the post of....., against the advertisement number ICMR/NIRTH..... .....do hereby undertake that:

(a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.

(b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) in Group 'B' and 'C' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or

(c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as ....on... ..... in the office of ..... I hereby undertake that I have submitted the self-declaration/undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or

(d) I have already availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as ..... on..... in the office of ..... Therefore, I am not eligible for the benefit of reservation provided to ex-servicemen;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature: .....

Name: .....

Date: .....

Place .....

Date of appointment in Armed Forces: .....

Date of Discharge: .....

Last Unit/ Corps: .....

Mobile Number: .....

Email ID: .....

ANNEXURE-V

CERTIFICATE TO BE PRODUCE BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRET RECRUITMENT

Form of Certificate application for Released /Released / Retired Personnel

1. It is certified that no .....Rank .....Name .....Whose date of birth is .....has rendered service from.....to .....in Army/Navy/Air Force.
2. He has been released from military services:
   a) On completion of assignment otherwise than
      (i) By way of dismissal, or
      (ii) By way of discharge on account of misconduct or inefficiency , or
      (iii) On his own request , but without earning his pension ,or
      (iv) He has not been transferred to the reserve pending such release.
      (v) On account of physical disability attributable to military service.
      (vi) On invalidment after putting in at least five years of military service.
3. He is covered under the definition of Ex. – Servicemen (Re- Employment in Central Civil services and posts)Rules , 1979 as amended from time to time.

   Place:.....

   Date .....

Signature , Name and Designation of the Competent authority**

SEAL

Delete the paragraph which is not applicable.

Government of ..... **Annexure-VI**

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No._..... Date:.....

VALID FOR THE YEAR .....

This is to certify that Shri/ Smt./Kumari.....son/daughter/wife of .....Post Office .....District .....Village /Street..... Pin cod .....whose photograph is attested below belongs to economicall Weaker Sections, since the gross annual income* of his/her 'family"** is below Rs. 8 lakh (Rupees Eight lakh only) for the financial year .....His/her family does not own or possess any of the following assets**

1. 5 acres of agricultural land and above;
2. Residential flat of 1000sq. ft. and above ;
3. Residential plot of 100sq. yards and above in notifies municipalities;
4. Residential plot of 200 sq. yards and above in areas other than the notified municipalities

2. Shri/Smt./ Kumari.....belong to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office .....
Name .....
Designation.....

Recent passport size attested photograph of the applicant .

Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

Note2: the term "Family " for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his /her spouse and children below the age of 18 year.

Note: 3 the property held by a "Family in different locations or different places /cities have been clubbed while applying the land or property holding test to derermine EWS status.

Annexure-VII

PRESCRIBED PROFORMAE

Performa-I

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari*..... son/daughter* of ..... of village/town* ..... in District/Division* ..... of the State/Union Territory* ..... belongs to the..... caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* under:—

@ The Constitution (Scheduled Castes) Order, 1950
@ The Constitution (Scheduled Tribes) Order, 1950
@ The Constitution (Scheduled Castes) Union Territories Order, 1951
@ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
@ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
@ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
@ The Constitution (Pondicherry) Scheduled Castes Order, 1964
@ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
@ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
@ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
@ The Constitution (Nagaland) Scheduled Tribes Order, 1970
@ The Constitution (Sikkim) Scheduled Castes Order, 1978
@ The Constitution (Sikkim) Scheduled Tribes Order, 1978
@ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
@ The Constitution (SC) Order (Amendment) Act, 1990
@ The Constitution (ST) Order (Amendment) Act, 1991
@ The Constitution (ST) Order (Second Amendment) Act, 1991
@ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
@ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
@ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
@ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumari ..... of village/town* ..... in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of ..... issued by the ..... dated .....

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

Place: .....
Date: .....

*Please delete the words which are not applicable.
@Please quote specific Presidential Order.
% Delete the paragraph which is not applicable.

NOTE: The term "ordinarily reside (s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officers not below the rank of Tehsildar.
(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Annexure-VIII

~~Annexure-X~~

Form-V"

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport size Attested Photograph (Showing face only) of the person with disability

Certificate No. ..... Date: .....

This is to certify that I have carefully examined Shri/Smt/Kum ..... son/ wife/ daughter of Shri..... Date of Birth ..... (DD/ MM/ YY) Age ..... years, male/female ..... Registration No. ..... permanent resident of House No. ..... Ward/Village/Street ..... Post Office ..... District ..... State ..... whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of :

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....

(A) He/ She has .....% (in figure)..... percent (in words) permanent Locomotor Disability/dwarfism/blindness in relation to his/her ..... (part of body) as per guidelines (.....number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability certificate is issued.

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	$		
10.	Hard of Hearing	€		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:-

In figures:- .....percent

In words:- .....percent

Form-VI

Certificate of Disability

(In case of multiple disabilities)

[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport size Attested Photograph (Showing face only) of the person with disability

Certificate No. ..... Date: .....

This is to certify that we have carefully examined Shri/Smt/Kum ..... /son/wife/daughter of Shri ..... Date of Birth..... (DD)/(MM)/(YY) ..... Age .....years. male/female..... Registration No..... permanent resident of House No.....Ward/Village/Street..... ..... Post Office ..... District..... State ..... whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

(ii) is recommended/ after ..... years ..... months, and therefore this certificate shall be valid till .... (DD)/(MM)/(YY)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

(Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability			
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision			
7.	Deaf			
8.	Hard of Hearing			
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary
Or

Form-VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

[See rule 18(1)]

Recent Passport size Attested photograph (Showing face only) of the person with disability

Certificate No. ..... Date: .....

This is to certify that I have carefully examined Shri/Smt./Kum ..... son/wife/daughter of Shri ..... Date of Birth..... (DD)/(MM)/(YY) Age ..... years, male/female..... Registration No. ..... permanent resident of House No..... Ward/Village/Street ..... Post Office ..... District..... State ..... whose photograph is affixed above, and am satisfied that he/she is a case of ..... disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

2. This condition is progressive/ non-progressive/ likely to improve / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,
Or
(ii) is recommended/ after ..... years..... months, and therefore this certificate shall be valid till..... (DD)/(MM)/(YY)

@ e.g. Left/right/both arms/legs
# e.g. Single eye
£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Annexure-IX

~~Annexure-VIII~~

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ _____ in the State/Union Territory _____ belongs to the _____ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*. Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93 – Estt.(SCT) dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**-. As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Annexure-X

~~Annexure-VII~~

FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)

I, _____ Son/Daughter of Shri _____ resident of village/town/city _____District_____ _____State_____ hereby declare that I belong to the _____community which is recognized as a backward class by the Government of India for the purpose of reservation in Service admission in Central Govt. institutions as per orders contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum dated 08th September, 1993, which is modified vide Department of Personnel and Training Office Memorandum No. 36033/1/2013-Estt. (Res.) dated 14th September, 2017

Signature of Candidates: _____

Full Name: _____

Correspondence Address: _____

Place:

Date:

Annexure-XI

~~Annexure-XI~~

CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR PROJECTS (FOR CLAIMING AGE RELAXATION MAXIMUM UPTO FIVE YEARS)

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is presently working at _____ as per the details given below:

Sl. No.	Period From	Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Nature of duties performing

2 It is further certified that Mr./Ms/Dr. has entered into the project service within the prescribed age limit for the post for which he/she is applying.

There is no objection to his/her appearing for the post of _____.

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____

Note:- Please attach copies of the appointment letters and joining order.

Annexure-XII

~~Annexure-I~~

(Format of certificate to be submitted by Central Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is a Central Government employee holding the post of _____ in the Pay Scale/Pay Level of Rs. _____ with 03 years regular/continuous service in the grade as _____ w.e.f. _____.

2. There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Signature _____

Name _____

Designation_____

Tel No _____

Office Seal _____

Annexure XIII

Syllabus for CBT/written examination for Technical Cadre Posts
Advertisement. No. NIRTH/Tech/01/2024 Dated 11.03.2024

SL. No.	Name of the Post	Syllabus	Questions	Marks	Remarks
1	Technical Assistant Subject (Biological Sciences)/ (Social Sciences)	**MCQ Type Questions consisting of:-**			The Total duration will be 90 minutes. There will be a negative marking of 0.25 for each wrong answer.
		Section A: General Intelligence and Reasoning	09	09	
		Section B: General Awareness including Current affairs	09	09	
		Section C: Quantitative Aptitude	09	09	
		Section D: English and Hindi Language	09	09	
		Section E: Trade/Subject related	59	59	
		TOTAL	95	95	
2	Technician-1 Subject (Biological Sciences)	**MCQ Type Questions consisting of:-**			
		Section A: General Intelligence and Reasoning	09	09	
		Section B: General Awareness including Current affairs	09	09	
		Section C: Quantitative Aptitude	09	09	
		Section D: English and Hindi Language	09	09	
		Section E: Trade/Subject related	59	59	
		TOTAL	95	95	
3	Laboratory Attendant – 1 Subject (Technical)/ (Refrigeration and air conditioning)	**MCQ Type Questions consisting of:-**			
		Section A: General Intelligence and Reasoning	09	09	
		Section B: General Awareness including Current affairs	09	09	
		Section C: Quantitative Aptitude	09	09	
		Section D: English and Hindi Language	09	09	
		Section E: Trade/Subject related	59	59	
		TOTAL	95	95	

i) Selection for the posts of Technical Assistant, Technician – 1 and Laboratory Attendant – 1 will be through a CBT(Computer Based Test).

ii) Final merit list shall be prepared out of 100 marks.

iii) CBT(Computer Based Test) of 90 minutes duration will be conducted for 95 marks. Question paper of CBT for each post will contain 95 MCQ based questions carrying one mark each. There will be a negative marking of 0.25 for each wrong answer.

iv) Maximum five Marks for Post Essential Qualification research/Lab/field experience in any Government recognized/approved/registered Institution or Organization, obtained after meeting the Essential Qualification as prescribed in the advertisement, will be added to the marks scored by the candidate in the CBT as mentioned below:

Relevant Experience	Marks
>1 and upto 2 years	1
>2 and <4 years	2
>=4 and <6 years	3
>=6 and <8 years	4
>=8 years	5

Annexure-XIV

EXPERIENCE CERTIFICATE

(for claiming 5 marks for Post Essential Qualification research/Lab/field experience in any Government recognized/approved/registered Institution or Organization, obtained after meeting the Essential Qualification as prescribed in the advertisement)

(To be produced on the Letter Head of the Institute/Centre/Organization)

It is certified that Shri/Smt/Kum. _____ is working/has worked at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Emoluments Drawn (Rs.)	Nature of duties performed
	From	To			

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____